PRINTED: 04/09/2009 FORM APPROVED Bureau of Health Care Quality & Compliance D(3) DATE SURVEY DOWN MULTIPLE CONSTRUCTION COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: AND PLAN OF CORRECTION A RESIDENCE B. WING 03/30/2009 NVN4519ADA STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3860 EL RANCHO DRIVE **SPARKS, NV 89433 ACTION I** PROVIDER'S PLAN OF CORRECTION SUMBARY STATEMENT OF DEFICIENCIES EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG RECEIVED D 000 D 000 Initial Comment APR 2 4 2009 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY NEVADA actions or other claims for relief that may be available to any party under applicable federal, state or local laws. D235 This Statement of Deficiencies was generated as a) Vitality Center/ACTIONS corrected the a result of the State Licensure survey conducted deficiency by blister packing client medications at your fecility on 3/30/09. This State Licensure and allowing clients to punch out one dose at a survey was conducted by the authority of NRS 449.150, Powers of the Health Division. time. The facility is licensed for ten residential program b) Vitality Center/ACTIONS has taken the beds for the treatment of abuse of alcohol and following actions to ensure the deficiency will drugs. The census at the time of the survey was not occur again: 1) Contacted the BHCQC six. Six resident files and eleven employee files were reviewed. One discharged resident file was recommended pharmacy and started blister reviewed. packaging all client medications. 2) Revised the self-administration of medication policy and D 035 NAC 449.098(3)) Preparations for disaster D 035 procedure 3) Trained staff members on the new SS=F policy and procedure for self-administration of 3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill medication. must be retained in the facility for not less than 12 months after the drill is conducted. Vitality Center/ACTIONS will monitor the correction by ongoing staff training in the new self-administration of medication policy and This Regulation is not met as evidenced by: Based on record review and interviews on procedure.

unaware they needed to conduct disaster drills If deficiencies are clied, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies TITLE CEO

The staff member assigned to monitor the correction is the Regional Program Manager.

c) The expected completion date is 4-17-09.

The fire driff log was reviewed, but did not contain

any evidence the facility conducted an annual disaster drill. Staff persons reported they were

3/30/09, the facility had never conducted an

annual disaster drill.

Findings include:

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER:		unero.	(CZ) MULTIP A BUILDING B. WING	 -	COMPLETED 03/30/2009	
ME OF PRO	OVIDER OR SUPPLIER	NVN4519ADA	STREET ADDRESS SPARKS, IN	NCHO DRI		
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LBC IDENTIFYING INFORM	/ FULL	PREFEX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE. THE APPROPRIATE DATE
D 035 Continued From page 1 annually. Severity: 2 Scope: 3			enter de la central de la constitución de la consti	D 036	a) Vitality Center/ACTIONS corrected the deficiency to ensure that a disaster drill is conducted at least annually and records are maintained by the facility for not less than 12-	
9. A personnel record must be maintained for each employee. The record must contain: (f) Job performance evaluations; This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility did not perform a job performance evaluation on 1 of 5 employees employed longer than a year. Findings include: Employee #10 - Hire date was 2/28/08. The employee's file did not contain an annual performance evaluation. Severity: 1 Scope: 1 D 122 SS=F NAC 449.126(2) Laundry 2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair.		ain: ced by: le facility sluation on an a year. B. The lual n area which l is stored, it be ize to house anitary	D 122	months after the drill is conducted. b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS administration was given an Emergency Preparedness Plan which includes an Emergency Preparedness Drill log sheet. 2) An emergency preparedness drill will take place within 2 weeks; and 3) The planned and future emergency preparedness drills and staff training were added to the Vitality Unlimited master planning calendar. Vitality Center/ACTIONS will monitor the correction by ongoing staff training on emergency preparedness and annual drills. The staff member assigned to monitor the correction is the Regional Program Manager. c) The completion date was 5-4-09.		
	This Regulation is not met as evidenced by: Based on observation and interview on 3/30/09, the laundry room was not maintained in a sanitar manner and was not properly ventilated.			e App e a valencia de la constitución de la constit		

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Bureau of Health Cere Quality & Compliance EXATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER		VCLIA BER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		COMPLETED		
NVN4619ADA				B. WING		03/30/2009	
MANE OF PE	COLUMN AND AND AND AND AND AND AND AND AND AN	MAMMOISHTW	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
NAME OF PROPERTY OF SOLUTIONS			3660 EL RA SPARKS, I				
()(4) ID PREPIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SIM CROSS-REFERENCED TO THE APP DEFICIENCY)	MAID SE COMPLETE (
D 122 D 133 SS≕D	Findings include: The area behind to and debris. Accounted the dryer was not maintenance maintenance maintenance maintenance maintenance maintenance maintenance maintenance maintenance the housing and Domiton Life Safety (pursuant to NAC housing not more requirements of Rooming House	the dryer had a build-inding to the maintenal vented to the outside in stated the dryer was ouse and the line was pe: 3 Construction Standarding 17 or more clients of the chapter entitle itories, " of the edition Code, adopted by reference than 16 clients must the chapter entitled "s," of the edition of he adopted by reference	ds must meet d "New n of NFPA grence littles t meet the Lodging or	D 132	a) Vitality Center/ACTIONS in deficiency by completing the performance evaluation and personnel file of employee # b) Vitality Center/ACTIONS in following actions to ensure it not occur again: 1) adding all performance evaluations to Unlimited master planning of Vitality Center/ACTIONS will correction by having Human Regional Program Manager dates of annual performance add these dates to the Vitalian planning calendar. The staff members assigned correction is the Regional Planning calendar. The completion date was	annual updating the 10. as taken the the deficiency will innual employee the Vitality alendar. I monitor the Resources and the confer regarding e evaluations and ity Unlimited master to monitor the rogram Manager Coordinator.	
	This Regulation 28 NEW HOTE	is not met as evidend LS and DORMITORI	ced by: ES	ade e emplomante de la Seco			
	28.2.9 Emergen	cy Lighting		*			
	28.2.9.1 Emerge Section 7.9 shall	ency lighting in accord t be provided.	lance with	Amp by a by the commission of the best			
	7.9 Emergency	Lighting		1	- 6 - 6 - 6		
	7,9.2.3 The eme	ergency lighting system	m shall be	report of the			

NAME OF PROVIDER OR SUPPLIER A BUILDING B. WHIG STREET ADDRESS, CITY, STATE, 2P CODE SEG EL RANCHO DRIVE SPARIS, NV 89433 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES SEACH DEPOSITION SHOULD BE SEACH	Bureau of Health Care Quality & Curriphonics STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			OVER AND HE TIP	LE CONSTRUCTION	pop DATE SUR	WEY ED		
NAME OF PROVIDER OR SUPPLIER ACTION I O(4) ID SUMMARY STATEMENT OF DEFICIENCES SPARKS, NV 89433 SIMMARY STATEMENT OF DEFICIENCE SPARKS, NV 89433 PROVIDERS PLAN OF CORRECTION COMPLETE SPARKS PLAN OF CORRECTION COMPLETE SPARKS, NV 89433 PROVIDERS PLAN OF CORRECTION COMPLETE SPARKS PLAN OF C	AND PLAN OF CORRECTION IDENTIFICATION HUMBER:		WBER:	A BUILDING		03/30/2009			
STREET ADDRESS, CITY, STATE, ZIP CODE 3860 EL RANCHO DRIVE SPARKS, NV 89433 SUMMARY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 132 Continued From page 3 arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply. Based on observation on 3/30/09, it was determined the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition chapter 28 NEW HOTELS and DORMITORIES. Findings include: On the main floor of the facility, the emergency light did not illuminate when tested. Severity: 2 Scope: 1 D 217 NAC 449:141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall									
ACTION I SUMMARY STATEMENT OF DEFICIENCIES (AG) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MALET BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION) D 132 Continued From page 3 arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply. Based on observation on 3/30/09, it was determined the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES. Findings include: On the main floor of the facility, the emergency light did not illuminate when tested. Severity: 2 Scope: 1 D 217 NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-elid supplies. Staff members shall		ON ADED OR SUSPELIES	NAMES (BALLA)	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
D 132 Continued From page 3 arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply. Based on observation on 3/30/09, it was determined the facility failed to compty with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES. Findings include: On the main floor of the facility, the emergency light did not illuminate when tested. Severity: 2 Scope: 1 D 217 NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall			'	3660 EL RA SPARKS, N	ANCHO DR VV 89433				
arranged to provide the required illumination automatically in the swent of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply. Based on observation on 3/30/09, it was determined the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES. Findings include: On the main floor of the facility, the emergency light did not illuminate when tested. Severity: 2 Scope: 1 D 217 SS=F 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall	PREPOL	ACAL DEROFFICY MUST BE PRECEDED BY FULL			PREMX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	THE APPROPRIATE DATE		
have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility did not ensure that 11 of 11 staff members had evidence of first aid training. Findings include: All eleven employee files did not contain evidence of first aid training.	D 2*	arranged to provide automatically in it normal lighting du. (1) Failure of a present of a prese	the the required illuminate event of any intermal eto any of the follow ablic utility or other outupply. action on 3/30/09, it was active failed to comply tection Association (N., 2006 edition Chapter) PRMITORIES. In of the facility, the entinate when tested. The alth Services that maintain and have a supplies. Staff members they have received in the supplies. It is not met as evident review on 3/30/09, that 11 of 11 staff members aid training.	uption of ing: as with the NFPA) 101 at 28 NEW at readily there is shall d training on aced by: the facility mbers had	D 217	a) Vitality Center/ACTIONS I deficiency by cleaning the b debris from the laundry roo and repairing the broken dr b) Vitality Center/ACTIONS following actions to ensure not occur again: 1) adding to checking of the dryer vent i maintenance schedule. Vitality Center/ACTIONS with correction by having Region check that the facility main being adhered to. The staff members assigned correction is the Regional and the Facility Supervisor.	uilt up lint a m dryer; cle yer vent. has taken the the deficienthe cleaning to the facility Il monitor the facility Il monitor the facility All monitor the facility Il monitor the facility	e cy will and Manager edule is	

If deficiencies are clied, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

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Bureau of	Health Care Cluain	A e Countries				OCO DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA WBER:	(XZ) MULTIPI A. BUILDING	E CONSTRUCTION	COMPLETED		
NVN4519ADA			B. WING		03/30/2009		
NAME OF PE	ROVIDER OR SUPPLIER		1		TATE, ZIP CODE	2.	
ACTION I 3660 EL R. SPARKS, I			ANCHO DRI IV 89433				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVADER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (55)		
D 217	Continued From page 4		D 217				
	Severity: 2 Scope	e: 3	trophy of the lates.		D132 a) Vitality Center/ACTIONS h	as corrected the	
D 235 SS=F	NAC 449.144(4) Medication			D 235	deficiency by replacing the light bulb in the emergency light.		
4. Members of the staff may not administer any medication unless licensed to do so. This Regulation is not met as evidenced by: Based on record review and interviews from 3/30/09, the facility was allowing unlicensed staft to administer medications to 6 of 6 residents.					b) Vitality Center/ACTIONS h following actions to ensure t not occur again: 1) adding te	he deficiency will sting the	
		s from ensed staff	emergency lights and replace required to the facility maint				
	Findings include: A rehabilitation technician (RT) reported when it was time for medications to be administered during the day, she opened resident medication bottles, removed the appropriate number of pills from the bottles, placed the pills in a cup and gave the cup to the resident to swallow their pills. Residents did not open their own medication bottles and take out their own pills. Since she was not on duty during the evening medication pass, she would take pills out of the resident medication bottles and placed them in weekly pill dispensers before she left for the day. Each pill dispensers was labeled with individual resident names and the evening shift would give the pill dispensers to the residents so they could take their pills. The manager reported the facility was supposed to switch to a daily "bubblepack" medication system, but she could not find a local pharmacy to package resident medications in this manner.		Vitality Center/ACTIONS will correction by having Regions check that the facility mainte		al Program Manager		
			being adhered to.				
			The staff members assigned correction is the Regional Pr and the Facility Supervisor.		- 1		
			c) The completion date was		3-31-09.		
			and a fill of the control of the con				
Record review revealed a policy titled "Medication" which instructed the RTs to place the proper dosage from the client's individually							

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Bureau of	Health Care Qualif	y & Compliance		T		000 DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPE A. BUILDING	LE CONSTRUCTION	COMPLETED		
	!	NVN4519ADA		S. WING		03/30/2009
NAME OF PROVIDER OR SUPPLIER STREET ADDR			RESS, CITY, ST	TATE, ZIP CODE		
			ANCHO DRY NV 89433			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEPICIENCY)	KULD BE COMPLETE	
D 246 SS=F	medication dispensible counter. The licensed staff men medications and the observation of Record review of none of the RTs was severity: 2 Scop NAC 449.147(2) If the nutritional needs accordance with the allowances of the National Research Sciences. This Regulation is Based on record the facility failed the nutritional needs in the facility failed the facility fa	into a small plastic or ser cup and placed to policy also revealed to here were to adminish at staff were to be to self-administered memployee files reveal were licensed nurses. e: 3 Dietary Services a planned and followers of the residents in the recommended did Food and Nutrition Eth Council, National Attachments and interview or plan menus that me of adolescents. etary Services Policy to be planned by a quantum or proper meals.	he cup on hat only ster valued in edications. ed that do meet cademy of ed by: on 3/30/09, et the "revealed ualified not have a	D 246	a) Vitality Center/ACTIONS of deficiency to ensure that staff received first aid training and training is maintained in empty b) Vitality Center/ACTIONS he following actions to ensure the not occur again: 1) ACTIONS first aid training 4-13-09. 2) It training reminders were add Unlimited master planning so Vitality Center/ACTIONS will correction by ongoing staff the staff member assigned to correction is the Regional Proc. The completion date was	f members have l evidence of loyee files. as taken the he deficiency will staff was provided lew staff first aid ed to the Vitality chedule. monitor the raining in first aid. co monitor the ogram Manager.
D 247 SS=F	NAC 449.147(3)	Distary Services		D 247		1

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Bureau of	Heath Care Quali	ty a Compliance		1		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DO) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
NVN4519ADA			B. WING 03/30/2008			
NAME OF PE	ROVIDER OR SUPPLIER		1		TATE, ZIP CODE	
ACTION		•	3660 EL R SPARKS, I	ANCHO DR NV 89433	IVE	
(XA) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			id Prefix TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE COMPLETE
D 247	Continued From p	age 6		D 247	0235	-1/
	Therapeutic menus must be planned by a qualified dietitian or must be reviewed and approved by the client's attending or staff physician.			 a) Vitality Center/ACTIONS of deficiency by blister packing and allowing clients to punch time. 	client medications	
	This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility did not employee a dietician to plan therapeutic menus or have therapeutic menus reviewed and approved by a resident's physician. Findings include: A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietician. The manager reported the facility did not employ a dietician to plan therapeutic menus. Severity: 2 Scope: 3 NAC 449.147(9) Dietary Services 9. A qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician.				b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Contacted the BHCQC recommended pharmacy and started blister packaging all client medications. 2) Revised the	
					self-administration of medic procedure 3) Trained staff m policy and procedure for self medication.	ation policy and embers on the new
				D 253	Vitality Center/ACTIONS will correction by ongoing staff t self-administration of medic	raining in the new
D 253					procedure.	
SS = F					The staff member assigned to correction is the Regional Procession of the Regional Procession of the expected completion of the e	ogram Manager.
	Based on record r the facility did not for the planning of	Regulation is not met as evidenced by: d on record review and interview on 3/30/09, acility did not have a contract with a dietician ne planning of meals and serving of food.			The second of th	
	Findings include:			•		41

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Bureau of Health Care Quality & Compliance (XX) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 03/30/2009 NVN4519ADA STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3660 EL RANCHO DRIVE **ACTION I SPARKS, NV 89433** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRIEFIX COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR USC IDENTIFYING INFORMATION) FDAT DEFICIENCY D 253 i Continued From page 7 D 253 0246 a) Vitality Center/ACTIONS are working on a A policy titled, "Dietary Services Policy" revealed correction by continuing the search for a / that menus were to be planned by a qualified dietician. registered dietitian or a registered dietetic technician. During an interview with the manager, the manager reported the facility did not employ or b) Vitality Center/ACTIONS has taken the have a current contract with a Registered Dietitian or other qualified person for consultation following actions to ensure the deficiency will for planning meals and serving food. not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or Severity: 2 Scope: 3 a registered dietetic technician for some time without success but will continue the search. 2) **DK999** Final Comments **DK999** SS=F In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist This Regulation is not met as evidenced by: **ACTIONS: Northeastern Nevada Regional** NRS 652,060 " Medical laboratory " defined, " Hospital; William Bee Ririe Hospital, Banner Medical laboratory " means any facility for microbiological, serological, Churchill Hospital: St. Mary's Medical Center. 3) immunchematological (blood banking), Recent contacts include the Nevada Dietetic cytological, histological, chemical, hematological, Association and Sierra Dietetics. biophysical, toxicological, or other methods of examination of tissues, secretions or excretions of the human body. The term does not include a Vitality Center/ACTIONS will continue working forensic laboratory operated by a law toward compliance with further expansion of enforcement agency. the search for a registered dietitian or a NRS 652.080 License required; term; renewal; registered dietetic technician. Once this inactive status; licensure of laboratory located outside state. position is filled Vitality Center/ACTIONS will 1. Except as otherwise provided in NRS 652.217 have menus planned and followed to meet the and NRS 652.235, no person may operate, nutritional needs of the residents in accordance conduct, issue a report from or maintain a with the recommended dietary allowances of medical laboratory without first obtaining a license the Food and Nutrition Board of the National to do so issued by the Health Division pursuant to the provisions of this chapter. Research Council, National Academy of 2. A license issued pursuant to the provisions of Sciences, Planned menus will also be reviewed. subsection 1 is valid for 24 months and is and approved by the staff physician. renewable biennially on or before the date of its If deficiencies are cited, an approved plan of correction must be returned within 10 days after STATE FORM The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager. c) The expected completion date is 7-1-09.

Bureau of Health Care Quality & Compliance 0(3) DATE SURVEY STATEMENT OF DUFFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BURLDING R WING 03/30/2009 NVN4519ADA STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3680 EL RANCHO DRIVE **ACTION I** SPARKS, NV 89433 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TEACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY **DK999** Continued From page 8 DK999 D247 expiration. 3. No license may be issued to a laboratory which a) Vitality Center/ACTIONS are working on a does not have a laboratory director. correction by continuing the search for a 4. A license may be placed in an inactive status registered dietitian or a registered dietetic upon the approval of the Health Division and the technician. payment of current fees. 5. The Health Division may require a laboratory that is located outside of this state to be licensed b) Vitality Center/ACTIONS has taken the in accordance with the provisions of this chapter following actions to ensure the deficiency will before the laboratory may examine any not occur again: 1) Vitality Unlimited/ACTIONS specimens collected within this state if the Health has been searching for a registered dietitian or Division determines that the licensure is necessary to protect the public health, safety and a registered dietetic technician for some time welfare of the residents of this state. without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Based on record review on 3/30/09, the facility Resources has contacted the following facilities did not have a State license to conduct urinalysis. screening on 6 of 6 residents. to see if their RD might be available to assist **ACTIONS: Northeastern Nevada Regional** Findings include: Hospital: William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Employee #11's file contained a valid State Recent contacts include the Nevada Dietetic Laboratory Assistant license, but the facility did not have a State Laboratory license associated Association and Sierra Dietetics. with the facility's address to conduct urine screening tests on resident urine. Vitality Center/ACTIONS will continue working toward compliance with further expansion of Seventy: 2 Scope: 3the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council. National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician. if deficiencies are cited, an approved plan of correction must be returned within 10 days after STATE FORM The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager. c) The expected completion date is 7-1-09.

D253

a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.

Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

DK99

a) Vitality Center/ACTIONS are working on a correction by completing and submitting the documentation required for and exempt laboratory license at ACTIONS.

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS was waiting for the required drug test training certificates to be sent from the drug test distributor prior to submitting the application.
2) These certificates were received 4-20-09. 3) The required documents and application will be completed and submitted to the BHCQC.

Vitality Center/ACTIONS will monitor the correction by having new staff take the drug test training and completing applications; submitting laboratory personnel certification applications as required; and maintaining exempt laboratory license.

The staff members assigned to monitor the correction is the Regional Program Manager.

c) The completion date was 5-1-09.